V 20 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36076

1. PLACE OF DEATH
County, Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. Noyes Hospital St. Ward)

File No.
Registered No. 1343

2. FULL NAME Martha McWilliams,
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. C. McWilliams,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	77	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

PARENTS
10. NAME OF FATHER William Shackelford,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Lucy Hughes,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Miss Floyd McWilliams
(Address) Stewartsville, Mo.

15. FILED NOV 2 1928 19 John G. Utz REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Nov 1, 1928 that I last saw her alive on Nov 1, 1928, and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Oedema
M.C.
93 C
111 B
45
(duration) yrs. mos. 16 hrs

CONTRIBUTORY (SECONDARY) Cancer of Sigmoid
(duration) 0 yrs. 3 mos. 0 ds.
Myocarditis Chronic - Symptoms for 10 mos.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Stewartsville Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 25-1928
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs and operative findings
(Signed) Clarence A Good, M.D
Nov 2, 1928 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stewartsville, Mo. via auto — DATE OF BURIAL Nov. 4, 1928

20. UNDERTAKER Heaton-Bergold & Bowman by J. H. Keale — ADDRESS 319 S. 10 St. Funeral Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] INK—THIS IS A PERMANENT RECORD